									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003									10750890				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								LE	NTITY	OR		R THAN ENTITY	
TOTAL CLAIMS			12				RA	TE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUME	NUMBER EXTRA		FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		*		xs	9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		* (. 0		 3=		OR	X86=		
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT		<u> </u>					1			
* If the difference in column 1 is less than zero, enter "0" in column 2								5=		OR	+290=	- 20-	
1017									L	OR	TOTAL	7	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							ATT I	ENTITY	OR	OTHER SMALL		
AMENDMENT A		(Column 1) CLAIMS	Ī	HIGH	EST	(Column 3)			ADDI-	1	OMALE	ADDI-	
		REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA	RAT	Έ	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	9=		OR	X\$18=		
	Independent	*	Minus `	***		= .	X43	i=	· · · · ·	OR	X86≐		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										000		
		•			÷		+145	TAL		OR	+290=		
								FEE		OR	ADDIT. FEE		
_	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST												
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
	Ind pendent	*	Minus	***		= '	X43	_		1	X86=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145			OR	+290=		
										OR	+29U= TOTAL	• • •	
TOTAL ADDIT. FEE										OR ,	ADDIT. FEE		
-		(Column 1)		(Colum		(Column 3)							
AMENDMENT C		REMAINING AFTER AMENDMENT	·	NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA	RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	- 1		OR	X\$18=		
ME	Independent	*	Minus	***		=	X43:	_			X86=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							\dashv		OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											+290=	· _	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OF											TOTAL ODIT. FEE		
		mber Previously Paid					found in th	арр	ropriat box	in colu	ımn 1.		